Community Engagement for Cross-Border Malaria Control: Lessons Learned for Consideration in Future Efforts

Joao Lino Rafael[1], Emilia Wime[1,2], Joao Baptista Nelo[1], Rev. Deolinda Teca[1], Alexandra Gordon[3], Rebecca Vander Meulen[3]

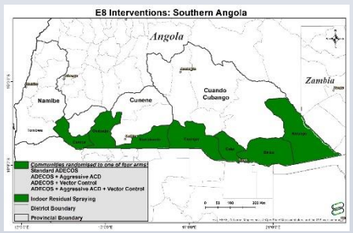
[1] Conselho de Igrejas Cristãs em Angola (CICA), [2]Anglican Diocese of Angola, [3]J.C. Flowers Foundation, Isdell:Flowers Cross Border Malaria Initiative

BACKGROUND

The World Health Organization's "Global Technical Strategy for Malaria 2016 - 2030" states that "populations living in remote or hard-to-reach areas and with limited access to health facilities can only be supported through community-based approaches." While it is generally understood that community engagement, or community-based approaches, are critical for malaria elimination, there are few models for how to effectively facilitate community engagement and action against malaria.

Between 1 October 2017 to 31 December 2018, CICA and the J.C. Flowers Foundation (CICA/JCF) facilitated community action against malaria in the southern municipalities of Cunene and Cuando Cubango provinces in Angola through the mobilization of a network of Community Malaria Volunteers (CMVs) and Community Malaria Elimination Committees (*COCEMAs*). The aim of this work was to facilitate deep community engagement to support the acceptance and use of long-lasting insecticidal nets (LLINs), indoor residual spraying (IRS), and early testing for malaria. This work was supported by the Elimination 8 Secretariat, with financial support from the Global Fund and the Gates Foundation.

Image 1: Map of intervention area



The program's target intervention areas were located within 30km of the Angola-Namibia border. The Namibian constituencies with the highest malaria incidence are located along the Angolan border.

OBJECTIVE

CICA/JC Flowers Foundation (CICA/JCF) defined community engagement as the facilitation of community members in areas affected by malaria to assume leadership for its elimination. The goal of this work was to stimulate a shared vision that the community is capable of and responsible for playing a key role in elimination, lived out in practical action. CICA/JCF worked towards this objective by equipping community members with the knowledge and tools necessary to work towards malaria control and elimination.

This process was carried out through the implementation of the following activities:

Activity	Community mapping	Formation of COCEMAS	Provision of training	Equipping influential leaders	Door to door visits
Scope	24 villages mapped near the border with Namibia	22 COCEMAS with 253 members formed	804 CMVs and 22 COCEMAS trained	93 lectures were held in churches and 153 lectures were held in schools	29,450 targeted households received regular visits from CMVS

COMMUNITY ENGAGEMENT METHODOLOGY

Community mapping: a tool for local ownership

Communities mapped out each household and other key places. This process helped community members think strategically about the work necessary for malaria elimination, and helped them recognize that they were experts in their local realities.

Image 2: The result of community mapping

Community leadership through the formation and support of COCEMAs

COCEMAs were made up of 8 to 12 community leaders who oversaw community malaria elimination activities and resolved barriers to elimination. COCEMAs included local traditional leaders, teachers, religious leaders, mothers, and CMVs. COCEMAs met monthly with support from CICA/JCF, and worked in coordination with government authorities and community leaders.

Providing the knowledge & resources necessary for community transformation

CICA/JCF conducted training sessions for COCEMAs, CMVs, and influential leaders on malaria prevention and treatment with participation from the local health department. In addition, field agents held regular community meetings to explain the malaria interventions and the concept of malaria elimination, and to brainstorm about the community's role in elimination.

Equipping influential community leaders to become malaria advocates

Clergy, headmen, and teachers are well respected figures within the project's target communities, who were often part of the COCEMAs. Once trained, they used their positions within the community to advocate for the use and acceptance of LLINs, IRS, and malaria testing.

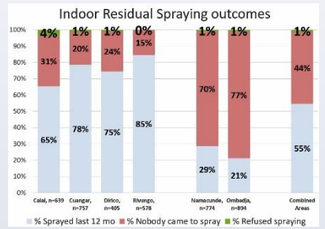
Image 3: King Mario Satipamba of the Onaluheke Kingdom distributes LLINs

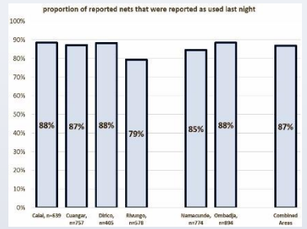
Reaching every individual through door to door visits

CMVs conducted early sensitization on LLINs prior to the distribution, and ensured successful and consistent utilization post distribution. CMVs also provided education on the signs and symptoms of malaria, how it is transmitted, prevention, and what to do if a household member has a fever. Each CMV visited 25 to 40 households on a monthly basis. Information, Education, and Communication (IEC) materials and media, including leaflets, billboards (located at border crossings), and radio programs, strengthened the malaria messages that were shared during door to door visits.

RESULTS

Strong community engagement led to high acceptance of IRS and use of LLINs in both Cunene and Cuando Cubango provinces.

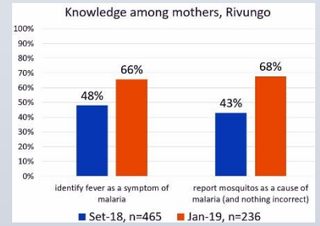




Overall, 55% of households surveyed in March 2019 received IRS in the last 12 months. Of all households surveyed, just 1% did not receive IRS because of refusal – demonstrating strong acceptance of the intervention.

Data from March 2019 also show that on average, 87% of nets reported by the surveyed households were in use the previous night, showing high acceptance and use of LLINs.

In addition to the March 2019 survey, a pre and post survey was conducted within one commune within Cuando Cubango province. The results show that knowledge among mothers increased between September 2018 and January 2019, following intensive community sensitization by COCEMAS and CMVs.



Impact of COCEMAs

The COCEMAs successfully dealt with the following barriers:

- Addressed LLIN misuse for fishing by working with local authorities to strategize effective responses.
- Convinced those in political power of the importance of a broad-based, non-discriminatory response to malaria (after identifying that in some cases political party affiliation was mentioned as a basis for determining LLIN distribution and IRS coverage priorities).
- Supported IRS mobilization efforts so well that in multiple cases people left their house keys with their neighbours when they left, so as not to miss out on the possibility of having their house sprayed.
- Identified remote areas that had been missed in the universal distribution of nets.

Lessons Learned for Future Consideration: Who should be Part of COCEMAs

- Must be autonomous, owned locally, and members chosen by community
- Quality of COCEMA member is not related to level of formal education
- Must be non-political
- In some contexts faith leaders are respected, trusted, and influential
- Having multiple neighboring villages represented in each COCEMA allows for exchange of experiences and better problem-solving.
- COCEMAs must cover small geographical distances so that people do not have to walk far for meetings.

Lessons Learned for Future Consideration: COCEMA Preparation

- Must be well-equipped with accurate and clear knowledge
- Must be strong and trusted BEFORE the intervention takes place
- If there is a lack of community interest, better to have patience instead of insisting immediately

For more information, contact:
João Lino Rafael, jolira50@gmail.com
Rebecca J. Vander Meulen, rebecca@jcflowersfoundation.org